

**Interview with Kathryn Van Wagner Pribram (1921-1999), World War II Navy flight nurse present at Iwo Jima. Conducted by Jan K. Herman, Historian, Bureau of Medicine and Surgery, Alexandria, VA, 6 Jan 1995.**

**When did you decide you wanted to be a nurse?**

I decided in high school because I was interested in science. My father was unable to send me to medical school. I wanted to be a doctor. My family physician wanted to send me through medical school--to pay my way--but my father objected. So I did the next best thing and decided to become a nurse.

I went to St. Luke's Hospital in New York City from 1939 to 1942. I had affiliations at Columbia Presbyterian Hospital for neurology, Sloan-Kettering for obstetrics and gynecology. There was an island in the East River with a hospital--Willard Parker Hospital. It only treated communicable diseases from measles to smallpox. I had a lot of experience there.

Just before I graduated, the large hospitals sent whole units of their personnel overseas to Europe, which depleted the staffs of the hospitals in the states. Since my family was living in Jersey City and the Jersey City Medical Center was quite new and extremely large, I decided to apply for a job there in the operating room.

The Center had lost most of its operating room staffs so I immediately was assigned as assistant supervisor of a nine-suite unit. What I mean is that there were nine suites of operating rooms.

At that time the factories were converting from whatever they made into producing war materiel. Continental Can Company was an example. It had stopped making cans and was making parts for P-38s and P-51s. There was no OSHA (Occupational Safety and Health Administration) at that time. There were no steel-tipped boots. The women did not have to wear their hair covered and their hair would get caught in the machinery. People did the best they could without any real protection. And as a result, the operating rooms at the Medical Center worked 24 hours a day handling nothing but trauma. There was almost no elective surgery done. This prepared me for what I got into when I went to Iwo Jima. I was thankful to have been in the operating room and not just a ward nurse who would not have seen the things that I had seen. I stayed there for a little over a year and decided to join the Navy.

**Did you have any kind of orientation into the Navy?**

No. They sent me to Browning and Ferris to get uniforms and I was completely outfitted with the big, heavy cape, greatcoat, tropical blues, winter blues. My first assignment was St. Albans Naval Hospital on Long Island. The hospital was one long hall with wings. Each wing had 100 patients. At that time the patients were coming from North Africa. I had 600 patients to oversee.

**How long were you there?**

I wasn't at St. Albans very long, just a few months. From there I went to the Naval Air Station in Norfolk, VA. At that time the air station was sort of an outlying community off the Naval Operating Base. One day the commanding officer called me into his office and told me that the Navy was beginning to train nurses to be flight nurses. Would I be interested in being in the first class? I said, "Sure." That sounded great. My orders were immediately cut to go to Alameda, CA, where they had just set up a unit specifically to train flight nurses. I don't think they knew what to train us for because they didn't know what we were getting into.

In order to qualify for flight nurse, I had to swim the length of a swimming pool in green coveralls and boots which I managed to do and then get out of the pool on a free-swinging rope ladder. However, I had 12 years of acrobatics and ballet and toe-dancing lessons so I was very muscular. Otherwise, I would not have been able to do it. It was quite a feat.

**How many of you were there?**

Twelve.

**Do you remember what the others were like? In our files we have many photographs of Jane Kendeigh. What do you remember about her.**

Her beauty. She was gorgeous. She was also a very sweet, unpretentious person. There were also two clowns in the group. Norma Harrison, now Norma Crotty, was one. She now lives in Ohio. I say "clowns," referring to their senses of humor. I cannot remember the name of the other one who, I have heard, has died.

**What kind of training did you receive?**

We used the Link Trainer. We learned about artificial horizon, direction, altitude. Also we were instructed how to utilize the four Mark VII life rafts which were on each plane.

**So it was a cockpit trainer?**

Yes. We were also reminded of the dangers of positive air pressure on chest wounds which have negative air pressure. I just remember a little of what they taught us. I knew a lot of it already because of my operating room experience. They taught us basic first aid, perhaps a little more than basic. But at that time, nurses didn't do what they do today. However, in the operating room I was starting intravenous medications and blood. Before that only medical students were allowed to do that. Nurses really were very low on the totem pole in the medical hierarchy and they were trying to bring us up a rank by giving us certain information we might need in pressure dressings and that sort of thing.

**How long was the training for?**

Several weeks, 6 weeks perhaps, not very long. The preparation was really minimal.

I don't remember much of the other training until we were assigned to Guam. We were outfitted in flight nurse's uniforms--green elastique, light weight pants, gray cotton dresses, and pants.

**What kind of material was elastique?**

It was a stretchy type of material that fit beautifully. It was a heavy wool that was able to stretch. It had a diagonal zipper going from upper right to lower left. We had gray cotton uniforms issued as well as flight boots and flight jackets with our names and wings on them. These jackets looked like elephant skin. It was a very heavy, crinkly leather. This was the gear we were sent with.

**Was there a feeling among you 12 that you were an elite group?**

Absolutely. We really felt very special and were treated very special. I must say that in my entire Navy career I was always afforded respect. There was no wink with a salute that you might expect from a sailor or a Marine for a young woman in a Navy uniform. Actually I dealt

mostly with Marines. I was engaged at the time so I wasn't interested in dating anyone. I was very attuned to what I was doing and not distracted by being flirted with. I somehow managed to become very professional and ward those things off as kindly as I could.

We flew to Honolulu, then to Johnston Island, to Kwajalein Island, and then landed at Guam. When we got there they were not prepared for us at all. They quickly set up a tent, brought in some cots, and barbed wire. Our compound was enclosed in rows and rows of barbed wire at Agaña air base which was close to the cliffs and not far from the B-29 landing strip. In order for a nurse to leave the compound you had to be accompanied by two men both wearing sidearms.

**On the phone the other day, you mentioned that you had played a role in evacuating the American POWs from the Philippines. This would have been in February of '45 just before you went to Iwo Jima. What do you remember about that?**

I remember it was an absolute horror. They were all men from Bilibid and were brought to the plane wearing something like pajamas. I spoke to them. "Glad to see you." They looked right through me. They were zombies. Some of them had lost their teeth. They had lost clumps of hair. They had cigarette burns on their ears, in their nostrils. They looked like they had a disease endemic in Africa--Kwashiorkor. It's severe malnutrition, where people look like stick figures with huge abdomens. They were still able to walk, or rather shuffle with help. I didn't put them in litters. They wanted to sit up so we arranged for the bucket seats. They didn't address me. They didn't answer me. I thought to myself, "I can't feed these people, it would kill them. I can't give them any food. I can only give them liquids." We had some bullion cubes so I made bullion, handed to them hot, and I'd hold their hand and say, "Wait a minute. Blow on it. It's too hot." And they would sit there and do exactly what I told them to do. They had lost their identities. They didn't recognize me as a female. They didn't seem to realize that I was speaking English. They just did what I told them to do. "Sit, stand, come." I learned later that they had been subsisting on fish head and cabbage soup sometimes with uncooked rice.

**None of these patients spoke to you at all?**

Not one word.

**How many of these flights did you participate in?**

Just that one.

**Where did you take them?**

To Guam where they began renourishing them. And then I took them from Oahu to Oakland on another flight after they had been strengthened. Some of them had schistosomiasis and other parasitic infections which had caused a tremendous amount of diarrhea.

**Did you notice a change once they had been renourished?**

Oh, yes. They were far more alert but still not talkative. I'd ask them their names and they'd say, "Jim." One word answers. But they did respond and they did things voluntarily. They were so much better.

**How long had they been on Guam before you took them to Hawaii?**

Not too long, perhaps a week or two.

**When did you go to Iwo Jima?**

My flights to Iwo Jima were on the 8th, 12th, 16th, and 18th of March 1945. My first flight to Okinawa was on the 14th of April of '45 in an R-5D, a C-54. The Okinawa flights were longer. On those we used the 4-prop planes, the C-54s.

The C-47s had huge auxiliary gas tanks in them. I would say they were as large as four water heaters and took up an enormous space in the cabin. These two tanks were right behind the pilot's cockpit and then began the area where we had our patients.

**On these evacuation flights, there were just you and a corpsman?**

Right. His name was Emerson Brown. He was a very big man. Often I could just barely hold up my end of the litters. He and I worked exceptionally well together.

**Did they tell you where you were going before you went to Iwo Jima for the first time?**

If they did, it didn't mean anything to me. I had never heard of Iwo Jima. We knew we were going to an island where a beachhead had just been established that would support the weight of an R-4D. Perhaps they said Iwo Jima, but at that time my geography wasn't good enough to know where that was.

**What do you remember about that first flight?**

That it was unreal. As we approached the island I stood behind the pilot, looked down and saw a destroyer blown up. There was fighting going on. We could see munitions from our ships on one side of the island going over to the other side of the island. It was like an umbrella. And there was enemy fire going out and hitting the ships--the destroyers and the LSTs. I just couldn't believe I was seeing what I was actually seeing.

I was never afraid. At 23 one doesn't think of one's mortality. Nothing could happen to me or to anyone that I knew. This was just not real.

Anyway, we came in under that barrage and landed on the beach. The fighting was going on very close to the plane. On one of my missions when I was standing next to the plane, a Marine handed me a trench mortar and said, "Do you want to shoot the Japanese?" And I said, "Sure." So I just dropped the mortar round in the slot and it shot right over a hill.

The medics brought the wounded men to the beach and put them in a tent. I was given some kind of rundown on the types of wounds the men had. Everything was done very quickly; they wanted to get us out of there very fast. So I really didn't know exactly what I had. We walked down these rows of men. Someone said, "These 24 will be on your plane." The auxiliary tanks took up the space of at least 8 or more litters so we could only carry 24 in litters.

We had on board a huge wooden box with whole blood and medications, mostly sulfa drugs--sulfanilamide and sulfa methotrexate. Although penicillin was in existence at that time, I only knew it at St. Albans where it was given by injection every 3 hours in doses of about 50,000 units per cc. Now it's given in the millions, but this was the very beginning of penicillin.

**But penicillin was not available on Iwo Jima.**

No, just the sulfa drugs in powder form. As soon as we took off, the corpsman and I made very quick rounds to see what we had. The patients had the original bandages that the

medics had applied where the men were injured. That's the condition we received them in when they got to the beach.

**Had the patients had been stabilized by the time you got them?**

No. No. When I got them they were not stabilized. Some of them had injuries only 20 minutes old. The corpsmen were bringing them in in droves. There were some doctors there who took a quick look to decide whether the injured were going on this flight or the next one. And those men were dirty. Iwo Jima was all black sand and dust. When the propellers kicked it all up, the wounded were bandaged with that dust in their dressings. I knew I would have these men from 6 to 8 hours. When I got them, I attempted to clean out the wounds and sprinkle them with sulfa powder and rebandage them.

As I took off each of the bandages, I realized that I had more than I could handle. For many of the men, there was little I could do except to sprinkle sulfa powder into the wounds and re-bandage them. I would put pressure dressings on if necessary. I remember making Montgomery straps. A Montgomery strap is a wide piece of adhesive tape folded over on itself. You would poke three holes in it and you could make a kind of corset with a set of these. In the holes you poked the bandage to make a string to tie it tight to use for an abdominal wound, for example. They made dressing changes more efficient and quicker.

I also splinted and gave morphine. We had morphine syrettes. A syrette looks like a tiny tube of ophthalmic ointment. Each syrette carried a quarter or one-half grain of morphine, and each had its own needle. I carried a handful of syrettes in my pocket. You injected and then squeezed out the contents. If I wanted to give less than the quarter grain, I had to guess. I never gave anyone as much as a half grain.

I remember one patient who had dived into a foxhole. He had broken his jaw and his clavicle, and ended up with his rear end up. His buttocks were peppered with shrapnel. I couldn't lie him on his stomach. I couldn't lie him on his back or his side. I couldn't make him comfortable. For his fractured clavicle, which was an open fracture with bone protruding from the skin, I rolled up a jacket, put it in his armpit and hyperextended his arm so that the broken bone would go back under the skin. Then I bandaged the wound and applied a sling with an elastic bandage to keep the arm in that position.

On one flight I encountered phosphorus wounds for the first time. I had never heard anything in my training about phosphorus until I got a man who had tracks all over him that kept spreading. From high school chemistry I remembered that phosphorus burns only in the presence of air. And I wondered how the hell I was going to stop this. So I smeared all those phosphorus burns with vaseline. That was one of my dilemmas. I had never encountered phosphorus burns before. But I guess I did the right thing.

As for the whole blood we had, I had qualms about using it. It was in a box lined with what looked like fiberglass for insulation. I was very worried. The men had dogtags which indicated blood type, but there was no designation whether it was positive or negative. I only remember giving three units of blood because the two patients to whom I gave the blood were hemorrhaging badly and it appeared they wouldn't make it and they didn't. I had my heart in my mouth. They didn't die because of the blood. Giving the wrong + or - blood type does not cause an immediate reaction but could cause problems in the future if one needs a transfusion later in life.

**What was the effect?**

Those two patients and a third Marine were the only ones I lost in my few trips and resulted from a single event. While we were on the ground loading patients, a Zero came over. I heard a terrible noise and chatter. I was away from the tent at the time and out of the plane, possibly on a hill not far from where we had landed. The plane strafed the tent holding the patients we were about to evacuate. A bullet pierced our wing tank which did not explode because it was full and there were no fumes to ignite. It's also fortunate that it wasn't a tracer round. We were detained there for many hours until that hole could be repaired. I stayed on the plane with the men during that time never thinking that another Zero could come by and strafe the plane, and none ever did.

**You heard the plane but didn't see it.**

I heard a terrible noise and chatter. I was away from the tent at the time and out of the plane, possibly on a hill not far from where we landed. For some reason, I was not in the vicinity of the tent or the plane.

Anyway, they loaded all the patients on the plane right after that attack so when I had to evaluate them on the plane, three were in very bad shape. One was an abdominal evisceration. Another had a severe head injury. Part of the man's skull was gone and his brain was exposed. The third had a sucking chest wound. I turned that man over and could see the exit wound. He was bleeding profusely. I knew his pleural cavity was filling with blood so I turned him on the side that was bleeding in an effort to keep the lung that wasn't affected, possibly aerating. These were real quick decisions. I had covered both the entrance wound and exit wounds with just adhesive tape, a futile attempt to stop the loss of pleural air.

**These three patients were the ones who were wounded in the tent?**

Yes. They were put on the plane during the confusion which followed the strafing of the tent. Triage had been practiced until this incident.

**So you were providing primary treatment?**

Absolutely. And those three died. On the way back to Guam the pilot came back and said that because of very strong head winds we would have to jettison something. I told him that the only thing I had to dump was the very heavy medicine cabinet with the whole blood in it. So we just pushed it out of the plane. He then said that wouldn't be enough and we would have to land in Saipan. He asked me if there was anything else that we could get rid of and I told him I had three deceased Marines but I didn't want to push them out. I then jettisoned most of the large cans of fruit juice.

On the way to Saipan I never covered their faces. When I made rounds and checked each of the marines and sailors, I stopped at their litters and spoke to them even though I knew that they were dead because I didn't want the others to know that anyone had been lost.

The morale of the men getting on the plane was sky high. They were in what I would call psychological shock and didn't complain about their wounds. They were just glad to get the hell out of that place.

When we landed in Saipan, the corpsman and I offloaded the three men. The pilot had radioed ahead for an ambulance from the base hospital but it hadn't arrived yet. So we put them under the shade of the wing and I stood there with the corpsman thinking that I wasn't finished. I had to do something. I asked him to bring me a glass of grapefruit juice. He went in the plane

and poured a cup of juice. I had him take off his hat; I wasn't wearing one. Then I sprinkled the juice on them and said "In the name of the Father, the Son, and the Holy Ghost" and baptized all three. Even though I wasn't particularly religious, it was something I had to do.

When the ambulance came and we got back on the plane I had to become an actress and probably deserved an Oscar. The morale of the men leaving Iwo Jima was very high, as I said, and they had been joking back and forth. But when I got back on the plane at Saipan, there was dead silence. And I said, "Okay guys, next stop is Guam." They didn't answer me. It seems the middle row of patients could see what I had done through the portholes and they told everyone else. Then one of them called me over and said he wanted to tell me something. When I leaned over to listen he put his arms around me and gave me a kiss on my cheek. And then, one by one, each grasped my hand or pulled me to him. It was the most emotional thing I have ever experienced.

I have to say that on all the flights I felt so close to each of the patients. It wasn't a bonding; it wasn't love. It was a combination of apprehension for their disabilities, the fact that I was the professional responsible, and that they depended on me at a very critical time in their lives. They must have felt it too because, as they deplaned, almost every one gave me a kiss or a hug. Each one was very special to me!

One of them gave me a green bag and said, "I want you to have this." I said, "No, I don't need anything." But he insisted. I opened the bag and there were gold teeth and bloody, dried up Japanese ears inside. These were his souvenirs of Iwo Jima. I said they looked very interesting but I couldn't imagine using them and insisted that he keep his souvenirs. Those trophies were all he had to give me, possibly an appreciative gesture.

That second flight was unique for another reason. I had so many men oozing blood that I asked the pilot to fly as low as he could because of the air pressure. And he flew about a thousand feet above the water which meant that it was very hot. Coming down from maybe 6,000 feet, you could really feel the heat.

On all the flights the space between the litters was very narrow so the men couldn't lift their heads to look at their feet. If I were doing a dressing on a foot, they would say, "How does it look, lieutenant?" If I was looking at a complete traumatic amputation I would say, "Well, it's pretty badly messed up but fortunately they have inducted the best doctors that we have and they're all in Guam waiting for you." And then I'd go on to the next man.

It happened several times that I was absolutely shocked when I took the dressings off and realized what I was looking at. When these men asked me about their condition, I became an actress no matter what they asked me. I would look and then say, "Well, it's a mess but it can be fixed," knowing full well that nothing could be done. My knowledge of anatomy and physiology was very good and my operating room experience allowed me to picture what was going to happen in the operating room when these men got there.

On one of the Iwo Jima trips a Marine major came to me and said, "We have four Japanese Imperial Marine prisoners. I'm sending them back on your flight." The plane was already loaded. I went back to the major and said, "What does that mean?" He said I would have to have two guards for each prisoner. These Imperial Marines were 6 feet tall. They were the tallest Japanese I had ever seen. It meant that I would have to bump 12 patients who were already strapped into their litters and ready to go. I said, "Major, I can't do it. Can't the prisoners go on the next plane?" He said, "I've ordered you to take these men now." My reply was, "You go aboard and pick the 12 men that will have to be bumped." He then said, "Go ahead and go."

On another flight to Iwo Jima some cocky pilot in a P-38 buzzed us, diving up and over our wings. When this guy kept playing around with us, the pilot took out the Viper pistol--the signal pistol--and he aimed it in the direction of the plane and the guy finally went away.

**During these flights, which were anywhere from 6 to 8 hours long, were the men fed?**

Yes. We had canned turkey, C-rations, K-rations, canned butter, canned peanut butter, and fresh bread that was baked at Guam. I fed them from the cans or gave them sliced turkey sandwiches. We also had a lot of juices in huge GI cans.

**What did you do between flights?**

Guam was our home base. Between flights we worked in tents at the base hospital there, on many of the same men we had evacuated. This was before they got the quonset huts up. One of them was the man with the fractured jaw and clavicle. And I remember picking pieces of steel from his buttocks. There was no way of anesthetizing that area except for a spray of novocaine which didn't last long enough.

**You did this at the base hospital on Guam.**

Yes.

**Then when you weren't flying evacuation missions you were working on patients.**

We worked a lot but I always had that extra adrenalin that kept me going.

**And then your next missions were to Okinawa.**

Yes. My first mission was on the 14th of April. We landed at Naha. There was nothing higher than a table. There was nothing left. I remember one very strange thing. I got out of the plane and was looking at something blue in the soil. I went over to kick it, which I shouldn't have, and it turned out to be a rice bowl. I walked away and noticed a peasant woman watching me. It could just as well have been a sniper ready to take a pot shot at me.

Okinawa was a picnic in comparison to Iwo Jima. At Iwo Jima we were right under the barrage going over our heads. In Naha I heard fighting in the distance. I never saw it up close and the wounded were brought to the plane and loaded. We had a C-54 so we had 36 patients on the larger plane.

**Where did you go from Okinawa?**

We transported patients back to Oahu. When I got to Hawaii, I had a huge crab salad, celery, lettuce, and going back to Guam I was sick for the entire trip. It was a big joke on the plane. Anyone looking for me could find me in the head. You see, I had been eating dried carrots, powdered eggs, powdered milk, canned butter, C-rations, no fresh food at all and I just pigged out.

Guam was one of the most beautiful islands I had ever seen. It was untouched. The water was absolutely clean. It was really a paradise.

**You really didn't see the effects of the war?**

No. It had pretty much been cleaned up by the time I got there. One of the photographers asked me if I would like to go with him to take some pictures. He was taking

pictures of pillboxes. I sat and posed on a pillbox like a movie star. Two days later they flushed out I don't know how many Japanese who were in tunnels under those pillboxes. We went all over that island and frolicked on the beach, not knowing that there were many Japanese soldiers in underground tunnels which were well supplied with food and ammunition.

**Before we began taping, you mentioned an incident with ADM Nimitz. What was that all about?**

The head of the British Home Fleet was ADM Sir Bruce Fraser. The Germans never found this task force. He came with his flagship to Guam to meet ADM Nimitz. ADM Nimitz invited the 12 of us to have dinner aboard the British flagship. I wore my Navy whites with epaulets and skirt. In order to get from the port to the ship we used the captain's gig. I was an ensign and ADM Nimitz was with the first group that I was with. Of course, he got on first which meant he went around the seating so that he was able to be the first one to get off. As an ensign, I was the last to get on and there was no room for me to sit. So the admiral put me on his lap.

When we got out to the ship ADM Fraser piped us aboard and invited us to dinner. The British sailors were not the shipshape American types. The dining area was below decks not far from the engine room which made it very very hot. We toasted the King with scotch and warm pineapple juice and it was the most sickening concoction I ever drank. Then we went to dinner and I was sitting pretty close to ADM Fraser and he said to me, "You Americans like souvenirs," and he gave me three buttons from his short sleeve shirt.

A mess boy served us from a common dish and he stopped at each place. It was lamb stew. I haven't eaten lamb to this day. He would stand at attention with his head over the dish and the perspiration was dripping into the lamb stew. And, of course, you helped yourself. I tried to get it from the edge and could barely eat because I felt so sick from that pineapple juice and scotch.

One of my steady dates, and I'll call him a date, although he wasn't a date but a companion, was ADM Nimitz's pilot, Roger Santee. And when I took off, Roger would stand on the tarmac and do this [gesturing like windshield wipers] wiping the tears away.

**You were then finished in the Pacific after the Okinawa campaign?**

Yes. Then the second group of flight nurses came who had been in training. There were 24 of them. Thereafter, we flew the patients from Guam to Oahu to Oakland, and then all over the U.S. to the hospitals closest to their homes. Until my discharge, I had flown between 1700 and 1800 hours.

**Where were you when you learned about the Bomb?**

In Guam. Roger Santee told me to be sure to listen to the radio. Something fantastic was going to be announced. He knew about it already. When it was announced I wasn't impressed because it didn't mean anything to me. I didn't know what an atomic bomb was. So I called Roger and asked him what it was and he explained it to me, but I wasn't truly impressed because I just couldn't absorb the importance of this until I realized that this meant that the war was finally over!

**How long did your Navy career continue after the war?**

I stayed in the Reserves until 1951 when I became pregnant with my daughter and we were in Germany where my husband was assigned. Then I had to resign.

I cannot close this interview without mentioning my great admiration for the pilots who flew us safely into a very dangerous area, under fire, and the medics who risked their lives by transporting the wounded to the beach area. They must have done this in the midst of hand to hand combat! They deserve to be called heroes, in the true sense. I must also mention the aircraft mechanics who kept us flying. My only fear during my service was just after VJ day when the mechanics were starting to be "mustered out."